

BIRTH AFFIDAVIT APPLICATION FORM

Print, Fill Out and Mail to:

The Liberian Embassy, 5201 - 16th Street, NW, Washington, DC 20011

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

Natural Born Naturalized

MOTHER'S NAME: _____

Natural Born Naturalized

Residential Address and Telephone Number in the United States of America:

Address: _____

Purpose of the Request: _____

I hereby certify and declare that each of the above particulars as stated by me are TRUE to the best of my knowledge and belief.

(FEES: FIFTY DOLLARS (\$50.00)

_____ **Date:** _____ / _____ / _____

APPLICANT'S SIGNATURE

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